

**EMPLOYEES' RETIREMENT SYSTEM
OF THE STATE OF HAWAII**

201 Merchant Street, Suite 1400
Honolulu, Hawaii 96813-2980

Phone: (808) 586-1735 or 1-800-468-4644 extension 61735 (neighbor islands)

SPOUSAL/RECIPROCAL BENEFICIARY NOTIFICATION FORM

In accordance with Act 182/2003, the Employees' Retirement System (ERS) of the State of Hawaii must furnish written notification to a member's spouse or reciprocal beneficiary (Legal partnership between two individuals who are prohibited from marriage under Hawaii Law), regarding a member's retirement.

In order to comply with this requirement, you must provide the ERS with information relating to relationship status. This form must be returned to our office prior to your retirement date; otherwise, your initial pension check may be delayed.

(Select one)

Relationship Status: ☐ Married ☐ Single ☐ Reciprocal Beneficiary

If you selected married or reciprocal beneficiary, you must also provide the name and mailing address of your spouse or reciprocal beneficiary.

(Please print)

NAME: _____

MAILING ADDRESS: _____

I understand that:

- Notification can be waived if I selected option 2 or 3 (or combination thereof) or option A or B, and designated my spouse/reciprocal beneficiary as the primary beneficiary.
- My option selection shall not take effect unless I furnish the proper information.
- The ERS will rely on the information I have provided and will not be liable for any false statements.

Signature: _____ SSN: _____

Print Name: _____ Retirement Date: _____